

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 5362

Registrar's No. 57

1. PLACE OF DEATH:

(a) County DAYLES
 (b) City or town RURAL Jamesport Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5 miles NW/JAMESPORT
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community 45 years years, months or days)

3. (a) PRINT FULL NAME George William Wynne
 3. (b) If veteran, name, war no 3. (c) Social Security No.

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary Lillian Wynne 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased April 15 1869
 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Jameson Mo. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name W.C. A. Wynne
 13. Birthplace Tennell Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Hopkins
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Lillie Wynne
 (b) Address Jamesport Mo.
 17. (a) Burial (b) Date thereof 3-18-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Plot Grove #2

18. (a) Signature of funeral director Davis Funeral Service
 (b) Address Jamesport Mo.
 19. (a) 5-18-1943 (b) G.C. Jackson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DAYLES
 (c) City or town RURAL-JAMESPORT TWP
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 MILES N.W. JAMESPORT
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16
 year 1943 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 10 1943 to May 16 1943;
 that I last saw him alive on May 14 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency Duration two year

Due to 92 lb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature G.H. Houlter (Specify type of place) (M. D. or other)
 Address Princeton Mo Date signed 5-18-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

W.C. Cullas

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. A. Richesson

Licensed Embalmer No.....

3302

P. O. Address.....

Hallatier, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.